	M	ULTIP.	LE DE	NDE	NT CLA	IM		SERIAL	NO.							
- 1	MULTIPLE DE NOENT CLAIM FEE CALCULATION SHEET											FILING	DATE			
		(FOR USE WITH FORM PTO-875) CLAIM								APPLICANT(S) 11565116						
	AS	AS FILED AFTER AFTER						<u>S</u>	т		/					
	IND.	LND. DEP.		I"AMENDMENT IND. DEP.		1 AMENDMENT IND. DEP.		l		TILED	AFTER I AMENDMENT		AFTER 2 MANENDMENT			
1 2	T	1,		DEL.	IND.	DEP.	l	51	IND.	DEP.	IND.	DEP.	IND.	DEP.		
3		1						52								
5		1,7						53 54								
6		I					-	55 56								
- 7 - 8	 	'						.57								
9		1					-	58 59								
11		7			$ \bot$			60								
12	1	71					 	61 62								
14		' 	 -					63								
15 16	1	1,						64 65								
17								66 67								
18 19		1-1-						58								
20		7						0								
21 22		7					7	1								
23							7.									
25						_	7.	1								
26 27						コ	75									
28						 -	77 78									
29 30							79									
31 32						_	80							ゴ		
33						7	82							-		
34 35	-1					コ	83 84	1-						\exists		
36						-	85 86	4		二				ゴ		
37 38]		7	87					-{				
39						\exists	88]		コ		
40		-				7	90	1		1						
42 43		1_	1	1_		_	91 92	<u> </u>			+		+	7		
44		1		-	+	4	93 94			1	1	1_		1		
45 46				1	7]	95					1	+	-		
47						-	96 97	ļ			<u> </u>			7		
48 49		-	+	1	-	7	98		#		<u> </u>	1				
50		1_	1			1	99 100			1	-	1	-	-{		
T DOD	┦ ♣] 🖶		-		TOTAL IND.		1		1		1	1		
L DET			*		+		TOTAL DET		+	 	4		4	1		
Des C	2						TOTAL CLAMS									
- 1340 (BEV. 11	ung)					. •			U.S. DEPAR	TMENT of O	DAGNOTINCE					

Best Available Copy